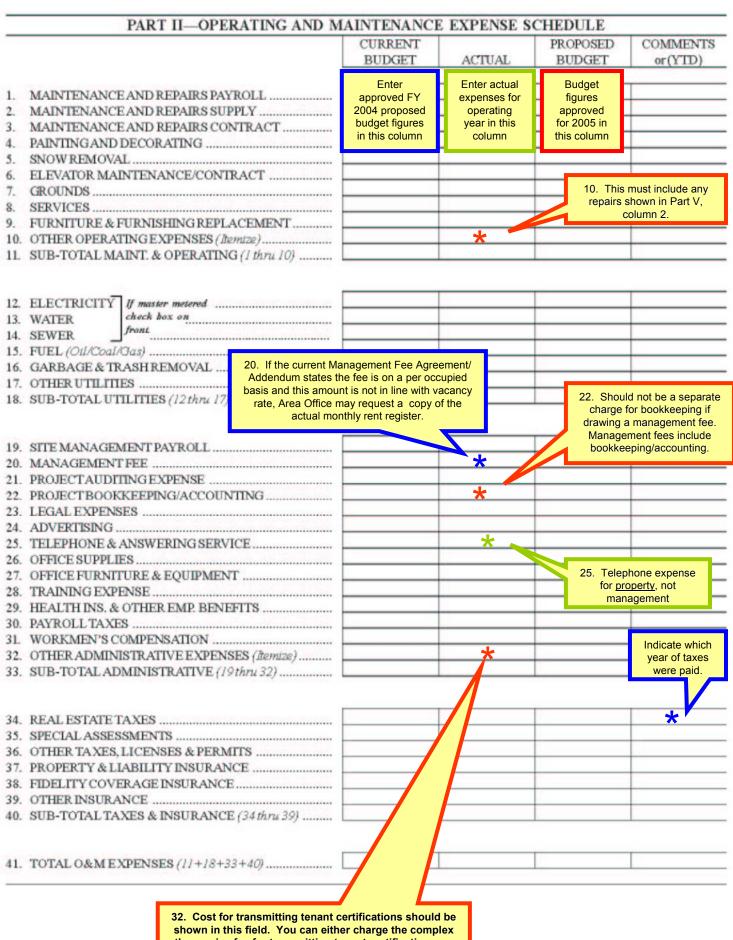
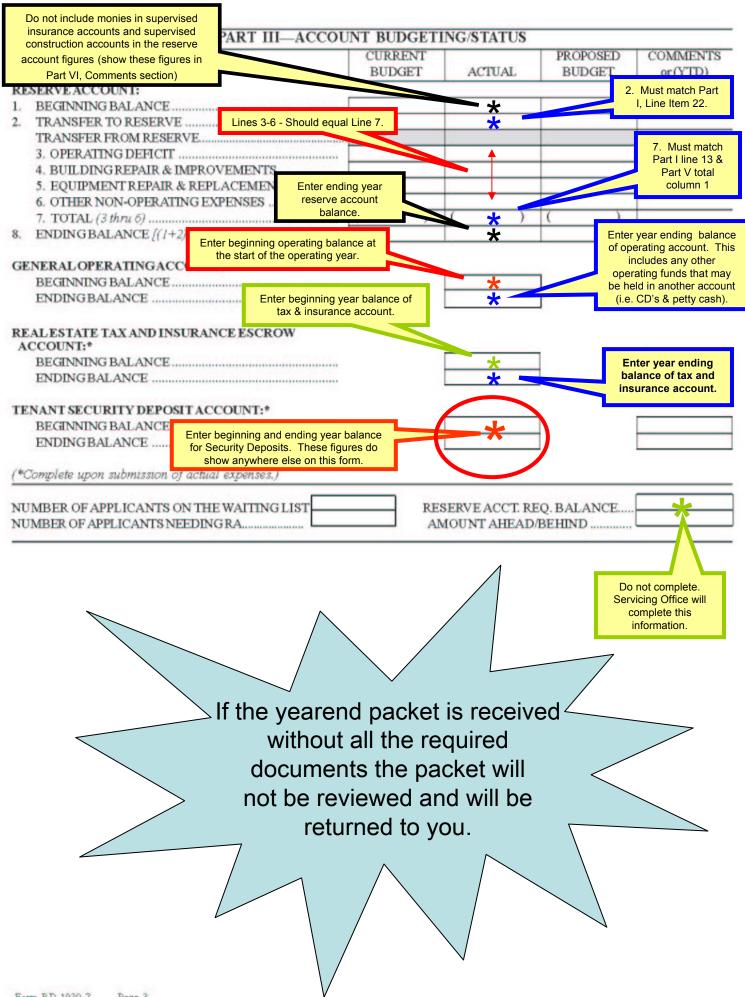
MULTIPLE FAMILY HOUSING PROJECT BUDGET

(Rev. 7-03)	LITPLE FAMILY H	OUSING PRO	JECT BUDGE	51	
PROJECTNAME	BORROWERNA	ME	WER ID AND PROJECTNO.		
Loan/Transfer Amount \$	Maria Data Damana	+ \$	IC Paym	ent \$	
Annual Initial 1/1 Quarterly Regular Report Rent Change SMR C	Congregate Group Home Mixed	fit metered ed Profit Electric fit Water Trash	Sewer	You must identi of accou Borrower Accou	unting.
	PART I—CASH	FLOW A VIE	EMENT		
Include interest from all accounts, including the reserve account.	EGINNING DATES> ENDING DATES>	CURRENT BUDGET () ()	ACTUAL (**-)	PROPOSED BUDGET () ()	COMMENTS or (YTD)
OPERATIONAL CASH SOCA 1. RENTAL INCOME	EIVED	Enter approved FY 2004 proposed	* Enter actual income &	Budget figures approved for 2005 in this column	2. Enter amour of Rental Assistance received either as cash or netted from payment for operating year from annual statement.
8. LESS (Vacancy and Contingency 9. LESS (Agency Approved Incentive 10. SUB-TOTAL [(1 thru 7) - (8 & 9) NON-OPERATIONAL CASH SOURCE 11. CASH-NON PROJECT	2 Allowance)	in this	expenses for operating year in this column	()	3. Must agree th Part III, line 7 & Part V column 1
14. SUB-TOTAL (11 thru 13) 15. TOTAL CASH SOURCES (10+ OPERATIONAL CASH USES 16. TOTAL 0&M EXPENSES (From F 17. RHS DEBT PAYMENT	18. Reflect the amount that was paint year. Shound the annual state of the annual stat	d this past ld agree with	* *		23. Show the calendar year for which the return to owner is being paid, if applicable
21. TENANT UTILITY PAYMENTS 22. TRANSFER TO RESERVE 23. RETURN TO OWNER 24. SUB-TOTAL (16 thru 23)			*		*
NON-OPERATIONAL CASH USES 25. AUTHORIZED DEBT PAYMENT 26. LONG-TERM IMPROVEMENTS 27. MISCELLANEOUS 28. SUB-TOTAL (25 thru 27)			* -	Part V co	st agree with Jumn 1 & Part I line 7
29. TOTAL CASH USES (24+28) 30. NET CASH (DEFICIT) (15-29)	31. Combined to balance for the g account and rea	eneral operating			
CASH BALANCE 31. BEGINNING CASH BALANCE 32. ACCRUAL TO CASH ADJUSTME 33. ENDING CASH BALANCE (30+,	NT		*		
According to the Paperwork Reduction Act of 1995, a OMB control number. The valid OMB control number per response, including the time for reviewing instru- information.	for this information collection is	33. Combinate the general o	ed totals of ending perating account ar	balances for and real estate	unless it displays a vali mated to average 4 hour viewing the collection o



shown in this field. You can either charge the complex the service fee for transmitting tenant certifications, or the actual cost of the computer and software. This must be approved by Rural Development.



				PART I	V—RENT	r sc	HEDUL	E				
A. CUR	RENT	APPROVED	RENTS									
			T				Po	OTEN	TIAL IN	COME FR	OM	
UNI	TDES	CRIPTION		RENTAL RAT	ES		POTENTIAL INCOME FROM EACH RATE				O141	
BR SIZE	UNIT TYPE	NUMBER	BASIC	NOTE RATE	HUL)	BASI		NOT RAT	Œ	HUD	
			+	Not require	d to be co	mple	ted.		\vdash	_		
						_						
				CURRENT RE	NTTOTAL	S:						
							BASI	С	NO'I	E	HUD	
B. PRO	POSE	D CHANGE T	ORENTS				Di	TEN	TIAL IN	COMETR	OM	
IINI	TDFS	CRIPTION		RENTAL RAT	ES		1		EACHI		ON	
UNIT		NUMBER	BASIC	NOTE)	BASIC RATE		E	HUD		
	TIPE											
				Not requir	ed to be c	omp	leted.		Ε			
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			(CURRENTRE	NTTOTAL	S:	BASIC NOTE				HUD	
			T/UTILITYALI	OWANCE CH	ANGE:							
UTILIT		OWANCE DI	ETAIL ROPOSED			N	MONTH	Y DC	LLAR	ALLOWA	NCES	
BRSIZE			NUMBER	ELECTRIC	GAS					TRASH		TOTAL
			wit Projects f	e only if you th the 2005 p or which ten utilities do r	roposed l ants are r	oudg ot re	et inforn sponsib	nation le for	า. [·] payin	g		

PART V -- ANNUAL CAPITAL BUDGET Despessed/Actual Actual Proposed/Actual From Reserve Number of units Total From Operating Appliances: Range Refrigerator Range Hood Washers & Dryers Carpet and Vinyl: 1Br. 2Br. 3 Br. + Common area Cabinets: Kitchens Bathroom Doors: Exterior Information reported on this page Interior must accurately reflect what was Window Coverings: actually spent on capital Detail improvement items and must Heating and Air Conditioning: accurately reflect the source of the Heating funds, i.e., reserve or general Air conditioning operating funds. Plumbing: Water Heater Bath Sinks Kitchen Sinks Faucets Toilets Major Electricial Detail Structures: Windows Screens Walls Roofing Siding Exterior Painting Paving: Asphalt Concrete Seal and Stripe Landscape and grounds: Landscaping Lawn Equipment Fencing Recreation area Signs Accessibility features: Detail Automation equipment: Must match Part III, Site management Line 7., and Part I Common area Line 13 and Line 26 Other: List: List: TOTAL CAPITAL EXPENSES:

PART VI – SIGNATURES, DATES AND COMMENTS								
Check if Borrower comments attached Check if Rural Developmen	t comments attached							
CERTIFIED CORRECT (Borrower or Authorized Representative): This must be an original signature. No stamp!	DATE:							
AGENCY APPROVAL (Rural Development Approval Official):	DATE:							

Note 1: If your actual capital improvements or Reserve Account usage was considerably higher than what was proposed/planned,

please provide a written explanation in this space.

Note 2: Please use this space to explain what is included in Other Administrative Expenses, Line 32 of Part II and any other parts of the budget that may need further explanation.

Note 3: If any expense was significantly higher than the proposed budget, please use this space to explain or justify.

Note 3: Please describe here information if you have insurance funds that have not been spent.

List insurance fund amount and how much has been disbursed through the end
of the reporting year. Also, list if you have any construction funds that not have been
fully disbursed.

COMMENTS: